



RECRUITMENT NOTIFICATION NO.2/2024 DATED 12.02.2024

Guidelines for permitting scribe for CBT to Persons with Benchmark Disabilities

1. Scribe facility will be permitted to persons with benchmark disability as defined under Section 2(r) of the RPwD Act 2016, who have exercised the option for Scribe facility while submitting the application, and having limitation in typing, including that of speed, in the category of following benchmark disabilities:
 - a. Blindness
 - b. Loco motor disability (both arm affected-BA)
 - c. Cerebral palsy.
2. In other category of PWBDs, (who have exercised the option for Scribe facility while submitting the application), Scribe service will be permitted only on production of a certificate from the Chief Medical Officer / Civil Surgeon / Medical Superintendent of a Government Health Care Institution to the effect that the person concerned has physical limitation to type and scribe is essential to appear for online computer based test (CBT) on his/her behalf. Certificate issued shall be as per proforma at **Annexure I**.
3. The qualification of the scribe intended to be used by the candidate should be one level below the qualification of the candidate taking examination and the candidate should submit details of the scribe as per proforma at **Annexure II**.
4. Claim of person with benchmark disability as defined under Section 2(r) of the RPwD Act 2016 will not be entertained unless original certificate of disability is produced at the test Centre.
5. The candidate shall submit any one of the following valid identity proofs of the scribe in original, along with a photocopy:
 - a. Passport
 - b. Driving License
 - c. Electoral Identification Card
 - d. Aadhaar Card

ANNEXURE-I

Certificate regarding physical limitation in an examinee for computer based test

This is to certify that, I have examined Mr/Ms. _____

(name of the candidate with disability), a person with

_____ (nature and percentage of disability as mentioned in the certificate of disability) disability,

S/o/D/o _____ a resident of

_____ (Village/District/State)

and to state that he/she has physical limitation which hampers his/her writing /typing capabilities owing to his / her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a
Government health care institution

Name & Designation

Name of the Government Hospital/ Health Care Centre with seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability

(eg. Visual impairment — Ophthalmologist, Locomotor disability — Orthopaedic specialist/PMR).

Letter of Undertaking for Using Own Scribe

I _____, am a candidate with _____ (name and nature of the disability) appearing for Computer Based Test to the post of _____ bearing User Id _____ and Roll No. _____ at _____ (name of the centre) on 06.04.2024 in FACT Recruitment Notification No.2/2024.

My qualification is _____.

I do hereby state that _____ (name and address of the scribe) will provide the service of the scribe for the undersigned for taking the aforesaid examination. I do hereby certify that his/her qualification is _____. In case, subsequently it is found that his / her qualification is not as declared by the undersigned and is beyond/above my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the Candidate with Disability)

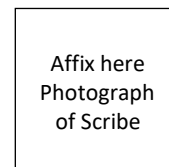
Place:

Date:

ID proof of the scribe

Document name :

Self attested copy attached : Yes/No



I declare that my qualification is _____ and don't have equal /higher qualification than that of the candidate mentioned above.

Signature of the scribe in the presence of the invigilator :

Signature of the Invigilator _____ :